

11-8-

U.S. District Court  
USDC District of Columbia (Washington)

TRANSF TYPE F

CIVIL DOCKET FOR CASE #: 00-CV-1655

RAMOS v. HAWK-SAWYER, et al  
Assigned to: Judge Richard W. Roberts  
Demand: \$0,000  
Lead Docket: None  
Dkt# in other court: None

Filed: 07/11/00

Nature of Suit: 550  
Jurisdiction: US Defendant

Cause: 42:1983 Prisoner Civil Rights  
Case type: 1. civil 2. pro p

**1 : CV00-1957**

MANUEL RAMOS  
plaintiff

MANUEL RAMOS  
R37563-053  
[COR LD NTC pse] [PRO SE]  
FLORENCE UNITED STATES  
PENITENTIARY  
P.O. Box 7000  
Florence, CO 81212

**FILED  
SCRANTON**

**NOV - 8 2000**

v.

PER \_\_\_\_\_  
DEPUTY CLERK

KATHLEEN HAWK-SAWYER, Director  
of the Bureau of Prisons  
federal defendant

MARGARET HARDEN, Warden, FCI  
Allenwood  
federal defendant

**FILED  
SCRANTON  
NOV 01 2000**

PER kmr  
DEPUTY CLERK

United States District Court  
For the District of Columbia  
A TRUE COPY

NANCY MAYER-WHITTINGTON.

By [Signature]  
Deputy Clerk

Proceedings include all events.

TRANSF

1:00cv1655 RAMOS v. HAWK-SAWYER, et al

TYPE 1

7/11/00 1 COMPLAINT filed by plaintiff MANUEL RAMOS; attachments (5) (bm) [Entry date 07/18/00]

7/11/00 -- SUMMONS (4) issued to federal party(s) federal defendants KATHLEEN HAWK-SAWYER, MARGARET HARDEN , and non-parties: U.S. Attorney and U.S. Attorney General. (bm) [Entry date 07/18/00]

8/23/00 2 RETURN OF SERVICE/AFFIDAVIT of summons and complaint executed upon U.S. Attorney on 8/18/00 ;attachments (COPY) (bjsp) [Entry date 08/30/00]

9/20/00 3 MEMORANDUM AND ORDER by Judge Richard W. Roberts : dismissingi against Kathleen hawk Sawyer, transferring case to USDC Middle District of Pennsylvania (N) (lin)

10/20/00 -- ORIGINAL FILE and certified copy of docket entries and Order transmitted to Clerk of USDC for Middle District of Pennsylvani pursuant to order dated 9/20/00 (bjsp)

UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF COLUMBIA

**FILED**

SEP 20 2000

NANCY MAYER-WHITTINGTON, CLERK  
U.S. DISTRICT COURT

Manuel Ramos,

Plaintiff,

v.

Kathleen Hawk Sawyer, et al.,

Defendants.

Civil Action No. 00-1655 (RWR)

10-11

**MEMORANDUM AND TRANSFER ORDER**

This matter comes before the Court upon its initial review of plaintiff's *pro se* complaint. Because venue is improper the action will be transferred to the district in which the cause of action arose.

Manuel Ramos is a federal prisoner currently confined at the United States Medical Center for Federal Prisoners in Springfield, Missouri. He alleges that on March 25, 1997, while confined at the Allenwood Federal Correctional Institution in White Deer, Pennsylvania, a correctional officer intentionally fractured his right thumb. Plaintiff filed an administrative claim which was denied. He brings this action for damages, pursuant to Bivens v. Six Unknown Named Agents, 403 U.S. 388 (1971). The action may also be construed as one under the Federal Tort Claims Act, 28 U.S.C. §§ 1346, 2671 *et seq.* He names as defendants the Director of the Federal Bureau of Prisons and the warden of FCI Allenwood.

"Courts in this circuit must examine challenges to personal jurisdiction and venue carefully to guard against the danger that a plaintiff might manufacture venue in the District of Columbia." Cameron v. Thornburgh, 983 F.2d 253, 256 (D.C. Cir. 1993). The only basis

for venue here is the naming of the Director of the Bureau of Prisons as a defendant. The

NANCY MAYER-WHITTINGTON, Clerk  
By [Signature]  
Deputy Clerk

Director cannot be held personally liable for the constitutional torts of employees she supervises on the theory of respondeat superior. Monell v. New York City Dept. of Social Servs., 436 U.S. 658, 694 (1978). In order to prevail against the Director, plaintiff must allege some action taken by her that resulted in the particular constitutional or statutory violation. Plaintiff's appeal of his administrative grievance denied by the Director is insufficient to impose such liability. See Farmer v. Moritsugu, 163 F.3d 610, 615 (D.C. Cir. 1998) (medical director cannot be held personally liable for deliberate indifference solely because he was informed of problems where he was not person to whom matters should have been addressed). Without more, the Director of the Bureau of Prisons must be dismissed from this action.

The remaining defendant does not reside in the District of Columbia, but appears to reside in Pennsylvania. In addition, the alleged constitutional deprivations occurred exclusively in Pennsylvania. As such, this case was not properly filed here because venue is improper. See 28 U.S.C. § 1391(b). Similarly, plaintiff's FTCA claim may be prosecuted only in the judicial district where the act or omission complained of occurred. 28 U.S.C. § 1402(b), (c). Thus, venue is not proper here for plaintiff's FTCA claim, but it would be proper in Pennsylvania. This Court may transfer this case to a district where the action could have been brought if transfer would be "in the interest of justice." 28 U.S.C. § 1406(a). The Court finds that transfer would be in the interest of justice in this case. The Court finds that venue is proper in Pennsylvania where the alleged actions took place and where the defendant resides.

Accordingly, it is by the Court this 18<sup>th</sup> day of September, 2000,

ORDERED that this action is DISMISSED with prejudice as against defendant Kathleen Hawk Sawyer; it is

FURTHER ORDERED that this action is TRANSFERRED to the United States District Court for the Middle District of Pennsylvania. The Clerk of this Court shall file and docket the petition.



---

RICHARD W. ROBERTS  
United States District Judge

Manuel Ramos  
Register No. 37563-053  
USP Florence/High  
P.O. Box 7000  
Florence, Colorado 81226

August 21, 2000

Clerk's Office  
United States District Court  
For the District of Columbia  
U.S. Courthouse  
333 Constitution Ave., N.W.  
Washington, D.C. 20001

RE: Manuel Ramos v. Kathleen Hawk Sawyer, Warden; et al  
Case No. 1:00CV01655  
Judge: Richard W. Roberts

**FILED**

**AUG 23 2000**

Clerk, U.S. District Court  
District of Columbia

Dear Sir/Madam:

In compliance with the packet of information pertaining to Summons and Service that I received from your office, enclosed please find a photocopy of four (4) Certified Mail Receipt's indicating that the listed documents were mailed to the respective parties.

Please contact me at the above address if there is anything further that I need to do.

Thank you for your time and consideration.

Sincerely,

*MANUEL RAMOS*  
Manuel Ramos

c: file

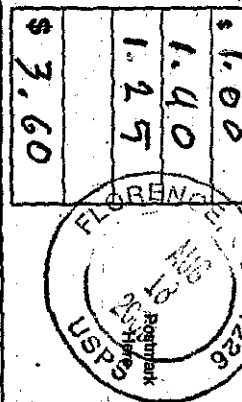
2

CERTIFIED MAIL RECEIPT  
(Domestic Mail Only; No Insurance Coverage Provided)

7000 0520 0022 5170 8504

U.S. ATTORNEY (DISTRICT OF COLUMBIA)

Postage \$1.00  
Certified Fee 1.40  
Return Receipt Fee (Endorsement Required) 1.25  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$3.60



Recipient's Name (Please Print Clearly) (To be completed by mailer)

Manuel Ramos, Reg. No. 37563-053

Street, Apt. No.; or PO Box No.

P.O. BOX 7000

City, State, ZIP+4  
Florence, Colorado 81226

PS Form 3800, February 2000

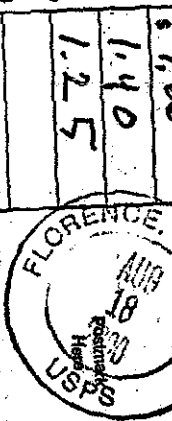
See Reverse for Instructions

U.S. Postal Service  
CERTIFIED MAIL RECEIPT  
(Domestic Mail Only; No Insurance Coverage Provided)

7000 0520 0022 5170 8498

MARGARET HADDEN, WARDEN; F.C.I. ATTORNEY

Postage \$1.00  
Certified Fee 1.40  
Return Receipt Fee (Endorsement Required) 1.25  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$3.60



Recipient's Name (Please Print Clearly) (To be completed by mailer)

Manuel Ramos, Reg. No. 37563-053

Street, Apt. No.; or PO Box No.

P.O. BOX 7000

City, State, ZIP+4  
Florence, Colorado 81226

PS Form 3800, February 2000

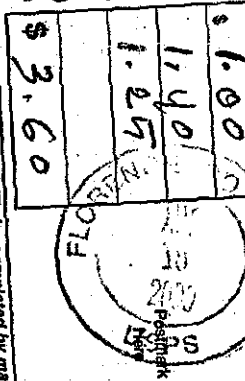
See Reverse for Instructions

CERTIFIED MAIL RECEIPT  
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7000 0520 0022 5170 8528

U.S. ATTORNEY GENERAL

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Certified Fee 1.40  
Return Receipt Fee (Endorsement Required) 1.25  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$3.60



Recipient's Name (Please Print Clearly) (To be completed by mailer)

Manuel Ramos, Reg. No. 37563-053

Street, Apt. No.; or PO Box No.

P.O. BOX 7000

City, State, ZIP+4  
Florence, Colorado 81226

PS Form 3800, February 2000

See Reverse for Instructions

U.S. Postal Service  
CERTIFIED MAIL RECEIPT  
(Domestic Mail Only; No Insurance Coverage Provided)

7000 0520 0022 5170 8511

KATHLEEN HAWK SAWYER

Postage \$1.00  
Certified Fee 1.40  
Return Receipt Fee (Endorsement Required) 1.25  
Restricted Delivery Fee (Endorsement Required)  
Total Postage & Fees \$3.60



Recipient's Name (Please Print Clearly) (To be completed by mailer)

Manuel Ramos, Reg. No. 37563-053

Street, Apt. No.; or PO Box No.

P.O. BOX 7000

City, State, ZIP+4  
Florence, Colorado 81226

PS Form 3800, February 2000

See Reverse for Instructions

UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF COLUMBIA

PLAINTIFF'S NAME

VS

DEFENDANT'S NAME

(ET AL CAN BE USED IF MORE THAN

(1) DFT. ON THIS FORM)

00 cv 1655  
CASE NUMBER &  
JUDGES INITIALS

RWR

AFFIDAVIT OF SERVICE

I, (NAME OF PERSON WHO ACTUALLY DID THE MAILING) MAILED THE  
SUMMONS, COMPLAINT AND ANY ATTACHMENTS OR EXHIBITS FILED WITH  
THE COMPLAINT TO (NAME OF DEFENDANT SERVED) ON

THIS WILL BE THE ORIGINAL GREEN OR PINK CARD WITH  
THE SIGNATURE OF THE PERSON WHO REC'D. IT. STAPLE  
THIS UNDER THE AFFIDAVIT AND FILE IN DUPLICATE.  
(STAPLE THE GREEN OR PINK CARD IN THIS AREA)

SAMPLE

DO NOT WRITE ON THIS FORM

SIGN YOUR NAME ORIGINALLY  
TYPE OR PRINT YOUR NAME  
YOUR COMPLETE ADDRESS  
CITY, STATE, ZIP & PHONE NUMBER

AUG 23 2000  
Clerk, U.S. District Court  
District of Columbia

FILED



**A COMPLETE COPY OF THE COMPLAINT,  
WHICH WOULD INCLUDE ANY ATTACHMENTS  
OR EXHIBITS ASSEMBLED TO THE  
COMPLAINT, MUST BE STAPLED TO EACH  
SUMMONS BEFORE SERVING.**

**SERVICE CAN BE COMPLETED BY USING ANY  
OF THE FOLLOWING METHODS:**

**REGISTERED MAIL (GREEN CARD)  
CERTIFIED MAIL (PINK CARD)  
OR**

**ANYONE OVER 18 YEARS AND NOT  
A PARTY, MAY SERVE IN PERSON.**

**RETURN OF SERVICE INSTRUCTIONS ARE  
ATTACHED TO FURTHER ASSIST YOU.**

**FILED**  
**AUG 23 2000**  
Clerk, U.S. District Court  
District of Columbia

**FILED**

JUL 11 2000

Manuel Ramos Registration Number 37563-053  
Full Name/Prisoner Number

**RECEIVED DISTRICT CLERK  
U.S. DISTRICT COURT**

U.S.M.C.F.P.; P.O. Box 4000; Springfield, MO.  
Complete Mailing Address

IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT CASE NUMBER 1:00CV01655

JUDGE: Richard W. Roberts

Civil Action No. \_\_\_\_\_  
(To be supplied by the Court)

DECK TYPE: Pro-Se

DATE STAMP: 07/11/2000

Manuel Ramos #37563-053

\_\_\_\_\_, Plaintiff(s).

Full name(s) and prisoner number(s)  
(Do not use *et al.*)

v.

Kathleen Hawk Sawyer, Director of the Bureau of

Prisons, Margaret Harden, Warden F.C.I. Allenwood, Defendant(s).  
(Do not use *et al.*)

**PRISONER'S CIVIL RIGHTS COMPLAINT**

**A. PARTIES**

1. Manuel Ramos is a citizen of New York City who  
(Plaintiff) (State)  
presently resides at U.S.M.C.F.P. in Springfield, Missouri  
(mailing address or place of confinement)

2. Defendant Kathleen Hawk Sawyer is a citizen of Washington D.C.  
(name of first defendant) (State)

whose address is 320 First Street, N.W. Washington, D.C. 20534

and who is employed as Director of Bureau of Prisons. At the time the claim(s)  
(title and place of employment)

alleged in this complaint arose, was this defendant acting under color of state law?

☒ Yes ☐ No. If your answer is "Yes," briefly explain:

Because she is an employee of the Department of Justice, who oversees  
the everyday operations of B.O.P. Facilities, and its employees.

3. Defendant Margret Harden is a citizen of Pennsylvania  
(name of second defendant) (State)

whose address is P.O. Box <sup>2000,</sup> 2000, White Deer, Pennsylvania 17887

and who is employed as Warden of F.C.I. Allenwood. At the time the claim(s)  
(title and place of employment)

alleged in this complaint arose, was this defendant acting under color of state law?

☒ Yes ☐ No. If your answer is "Yes," briefly explain:

Because she is the Warden of the facility where the complaint arose  
and is charge of the staff involved, of the medical complaint.

(If more space is needed to furnish the above information for additional defendants, continue on a blank sheet which you should label "A. PARTIES." Be sure to include each defendant's complete address and title.)

## B. JURISDICTION

1. Jurisdiction is asserted pursuant to (CHECK ONE)

☐ 42 U.S.C. § 1983 (applies to state prisoners)

☒ *Bivens v. Six Unknown Named Agents of Fed. Bureau of*  
*Narcotics*, 403 U.S. 388 (1971) and 28 U.S.C. § 1331  
(applies to federal prisoners)

2. Jurisdiction also is invoked pursuant to 28 U.S.C. § 1343(a)(3). (If you wish to assert jurisdiction under different or additional statutes, you may list them below.)

28 U.S.C. §1343(a)(3)

### C. NATURE OF THE CASE

BRIEFLY state the background of your case.

**SEE ATTACHED STATEMENT**

### D. CAUSE OF ACTION

I allege that the following of my constitutional rights, privileges, or immunities have been violated and that the following facts form the basis of my allegations: (If more space is needed to explain any allegation or to list additional supporting facts, continue on a blank sheet which you should label "D. CAUSE OF ACTION.")

Claim I: 8th. Amendment Cruel and Unusual Punishment Violation

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Supporting Facts: (Include all facts you consider important, including names of persons involved, places, and dates. Describe exactly how each defendant is involved. State the facts clearly in your own words without citing legal authority or argument.)

**SEE ATTACHED STATEMENT**

Claim II: 5th. Amendment Due Process Violation

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Supporting Facts:

**SEE ATTACHED STATEMENT**

Claim III: NONE

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Supporting Facts:

**NONE**

**E. PREVIOUS LAWSUITS AND ADMINISTRATIVE RELIEF**

1. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to the conditions of your imprisonment? Yes No. If your answer is "Yes," describe each lawsuit. (If there is more than one lawsuit, describe the additional lawsuits using this same format on a blank sheet which you should label "E. PREVIOUS LAWSUITS AND ADMINISTRATIVE RELIEF.")

a. Parties to previous lawsuit:

Plaintiff(s): N/A

Defendant(s): N/A

b. Name and location of court and docket number N/A

c. Disposition of lawsuit. (For example, was the case dismissed? Was it appealed? Is it still pending?)

N/A

d. Issues raised: N/A

e. Approximate date of filing lawsuit: N/A

f. Approximate date of disposition: N/A

2. I previously have sought informal or formal relief from the appropriate administrative officials regarding the acts complained of in Part D.   X   Yes        No

If your answer is "Yes," briefly describe how relief was sought and the results.

**SEE ATTACHED TORT CLAIM #T-WXR-99-88, AND RELATED RESPONSES**

3. I have exhausted available administrative remedies.   X   Yes        No. If your answer is "Yes," briefly explain the steps taken. Attach proof of exhaustion. If your answer is "No," briefly explain why administrative remedies were not exhausted.

**PER McCARTHY v. MADIGAN, 503 U.S.--, 117 L Ed 2d 291, Federal Prisoner held not required to exhaust B.O.P. internal grievance procedure before initiating Bivens action solely for money damages.**

#### F. PREVIOUSLY DISMISSED ACTIONS OR APPEALS

1. If you are proceeding under 28 U.S.C. § 1915, please list each civil action or appeal you have brought in a court of the United States, while you were incarcerated or detained in any facility, that was dismissed as frivolous, malicious, or for failure to state a claim upon which relief may be granted. Please describe each civil action or appeal. If there is more than one civil action or appeal, describe the additional civil actions or appeals using this same format on a blank sheet which you should label "F. PREVIOUSLY DISMISSED ACTIONS OR APPEALS."

a. Parties to previous lawsuit:

Plaintiff(s):   N/A  

Defendant(s):   N/A  

b. Name and location of court and docket number   N/A  

c. Grounds for dismissal: ( ) frivolous ( ) malicious ( ) failure to state a claim upon which relief may be granted.

d. Approximate date of filing lawsuit:   N/A  

e. Approximate date of disposition:   N/A

2. Are you in imminent danger of serious physical injury? X Yes      No. If your answer is "Yes," please describe the facts in detail below without citing legal authority or argument.

My thumb is in constant pain. The Administration at F.C.I. Allenwood is constantly refusing to acknowledge what their officer has done to me. Plus after the operation on my right hand, I have lost all mobility in it, and have not received any physical therapy, or additional follow-up review of my injury, to verify that I have been correctly treated.

### G. REQUEST FOR RELIEF

I request the following relief:

**SEE ATTACHED STATEMENT**

pro-se:

Original signature of attorney (if any)

M. RAMOS

Prisoner's Original Signature  
Manuel Ramos #37563-053

U.S.P. Florence

P.O. Box 7000

Florence, Colorado

81226-7000

[Pro-Se Litigant]

P.O. Box 4000  
SPRINGFIELD,  
Mo 65808

Attorney's full address and telephone

### DECLARATION UNDER PENALTY OF PERJURY

The undersigned declares under penalty of perjury that he/she is the plaintiff in the above action, that he/she has read the above complaint and that the information contained in the complaint is true and correct. 28 U.S.C. § 1746; 18 U.S.C. § 1621.

Executed at Florence, Colorado  
(location)

on 24-6-2000  
(date)

Subscribed and sworn before me  
on this 24th day of April 2000.  
County of Fremont  
State of Colorado

M. RAMOS

Prisoner's Original Signature

Rev. 5/95

Brenda Almstead

Notary Public

My commission expires on 9/03/02.

IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF COLUMBIA

MANUEL RAMOS

Plaintiff,

vs.

KATHLEEN HAWK SAWYER, DIR.  
OF BUREAU OF PRISONS,  
MARGRET HARDEN, WARDEN OF  
F.C.I. ALLENWOOD

Defendants.

Civil Action No.  
[To Be Supplied By the Court]

ATTACHED STATEMENT

I. On March 25, 1997, at about 10:30a.m., a correctional officer at the Allenwood Federal Correctional Institution, in White Deer, Pennsylvania, in Unit 4-B, brutally fractured my right hand. The officer threw me to the floor on my face and stomach, and while on the floor, the officer put his feet on my back and grabbed my right hand and twisted my thumb until it was fractured; I knew this because I heard the "snap," from the pressure placed on my thumb.

II. On March 15, 1999, I filed a Tort Claim to the Northeast Regional Office (Claim No. T-WXR-99-88), related to this incident, and a claim for monetary compensation for my injuries. Receipt of this claim, was on March 22, 1999.

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**FILED**

JUL 11 2000

RECEIVED  
U.S. DISTRICT COURT  
00 1655



III. On July 20, 1999, Warden Mike Adams of U.S.P. Lompoc sent a letter to Mauricio Suarez, Consul General of Columbia, in Washington, D.C., related to Manuel Ramos. It states the diagnosis of Mr. Ramos, and the alleged steps to rehabilitate his injury.

IV. On January 7, 2000, Henry J. Sadowski, Regional Counsel for the Northeast Regional Office, denied Mr. Ramos' request for relief under his Tort Claim. Mr. Sasowski alleges that Mr. Ramos received his injuries contrary to what was indicated by Mr. Ramos, and that Mr. Ramos did not complain of such injuries from the date in question.

V. As a result of this decision, Plaintiff has been denied adequate investigation of the issues addressed; which results in a denial of Due Process, guarnateed by the 5th. Amendment of the United States Constitution, and to have staff members of the Bureau of Prisons inflict injury on inmates with impunity, results in Cruel and Unusual Punishment that is protected by the 8th. Amendment of the U.S. Constitution.

#### CONCLUSION

Therefore for the injurious and criminal acts perpetrated by staff employed by the Bureau of Prisons, and the Executive Staff who condone these actions, that the Defendants be sued in their individual and official capacities, and that this Court award the "Plaintiff," the amount of \$5,000,000 compensatro damages, and \$10,000,000 punitive damages for Cruel and Unusual Punishment, mental cruelty, and psychological duress.

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////

Respectfully Submitted,

M. RAMOS  
Manuel Ramos  
[Pro-Se Litigant]

**CLAIM FOR DAMAGE  
INJURY OR DEATH**

INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.

FORM  
OMB NO.  
1102-0  
EXPIRE**1. Submit To Appropriate Federal Agency:**U.S. DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF PRISONS  
WESTERN REGIONAL DIRECTOR  
7950 Dublin Blvd. Third Floor  
Dublin, CA 94568**2. Name, Address of claimant and claimant's personal representative**  
(See instructions on reverse.) (Number, street, city, State and Zip Code)Manuel Ramos, Fed. Reg. # 37563-0  
U.S.P. Lompoc  
3901 Klein Blvd.  
Lompoc, CA 93436**3. TYPE OF EMPLOYMENT**☐ MILITARY ☐ CIVILIAN**4. DATE OF BIRTH****5. MARITAL STATUS****6. DATE AND DAY OF ACCIDENT****7. TIME (A.M. or P.M.)****8. Basis of Claim (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, place of occurrence and the cause thereof) (Use additional pages if necessary.)**

On March 25, 1997, at about 10:00 AM, while serving my sentence in Allenwood Medium, PA., the officer of Unit 4B suddenly fractured my hand. I was immediately placed in segregation and denied medical care notwithstanding my severe pain and insistent requests for treatment. Four months after the incident I was transferred to Allenwood Penitentiary. I kept requesting medical attention and complaining of severe pain and inability to function with my right hand. I was only given massive doses of Motrin which was upsetting my stomach. On November 10/97, still without being treated, I was transferred again to Lewisburgh Penitentiary. Four months after I finally was checked by the specialist who ordered immediate operation. (Cont. p2 Annex)

**9.****PROPERTY DAMAGE**

NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, street, city, State, and Zip Code)

**BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED. (See instructions on reverse side.)**

Inability of my right hand, mental anguish and severe pain

**10.****PERSONAL INJURY/WRONGFUL DEATH**

STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, NAME OF INJURED PERSON OR DECEDENT.

Cruel and unusual Punishment, excess of force, negligence, and discrimination

**11.****WITNESSES****NAME**

ADDRESS (Number, street, city, State, and Zip Code)

I need the medical record in order to provide the name and addresses of doctor who ordered and performed the operation

**FILED**

JUL 11 2000

**12 (See instructions on reverse)****AMOUNT OF CLAIM (in dollars)**

NANCY MAYER WHITTINGTON, CLERK

**12a. PROPERTY DAMAGE****12b. PERSONAL INJURY****12c. WRONGFUL DEATH**

12d. TOTAL (Failure to specify may result in forfeiture of your rights.)

Inability of right hand, pain, anguish

\$ 5,000,000

I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE ACCIDENT ABOVE AND AGREE TO ACCEPT THE AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM

**13a. SIGNATURE OF CLAIMANT (See instructions on reverse side)****13b. Phone number of signatory****14. DATE OF CLAIM**

3-15-99

**CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM**

The claimant shall forfeit and pay to the United States the sum of \$2,000 plus double the amount of damages sustained by the United States (See 31 U.S.C. 3729)

**CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS**

Fine of not more than \$10,000 or imprisonment for not more than 5 years or both. (See 18 U.S.C. 287, 1001.)

Page 2 Continuation

The specialist found out that I had a broken bone that had mended incorrectly in the right hand and its tendon had splayed. For these reason I had to be operated soon. Nevertheless the staff didnot order the operation claiming lack of money.

On January 7/99, after more than 9 months since being ordered the operation by the specialist I was taken to a Mental Hospital where I had surgery performed on me which results have yet to be seen because I could not get the rehabilitation physiotherapy that I need because on February 22, 1999, I was transfered from Lewisburg Penitentiary to Lompoc Penitentiary in California.

For the above reasons I am claiming that due to the staff officer excess of force and brutality I sustained physical and mental injuries which got worse with the time due to the negligence of the B.O.P. to provide for me proper and timely medical attention which caused me severe and unnecessary pain during almost 2 years, the disfunction of my right hand and profund anguish.

I am also claiming that my Human, Civil, and Constitutional Rights have been violated, and I have been inflicted cruel and unusual punishment, and discriminated against.



Federal Bureau of Prisons

Northeast Regional Office

U.S. Custom House - 7th Floor  
2nd & Chestnut Streets  
Philadelphia, PA. 19106

April 13, 1999

Manuel Martinez Ramos  
Register No. 37563-053  
USP Lompoc  
3901 Klein Boulevard  
Lompoc, California 93436

Re: Administrative Tort Claim Dated March 15, 1999  
Claim No. T-WXR-99-88


Dear Mr. Ramos:

This will acknowledge receipt by the agency on March 22, 1999, of your administrative tort claim for alleged personal injury at FCI Allenwood, on or about March 25, 1997.

Under the provisions of the Federal Tort Claims Act, 28 U.S.C. 2675, we have six months from the date of receipt to review, consider, and adjudicate your claim. Accordingly, you may expect to hear from us on or before September 18, 1999.

All correspondence regarding this claim should be addressed to me at: Federal Bureau of Prisons, Northeast Regional Office, Room 801, US Custom House, 2nd & Chestnut Street, Philadelphia, Pennsylvania 19106. If the circumstances surrounding this claim change in any fashion, you should contact me immediately. Also, should your address change, you should advise me accordingly.

Sincerely,

  
Henry J. Sadowski  
Regional Counsel

cc: File

**FILED**

JUL 11 2000

NANCY MAYER WHITTINGTON, CLERK  
U.S. DISTRICT COURT

## UNITED STATES GOVERNMENT

## Memorandum

Northeast Regional Office, Philadelphia, PA

## FEDERAL BUREAU OF PRISONS

DATE: January 7, 2000

## REPLY TO

ATTN OF: Henry J. Sadowski, Regional Counsel

SUBJECT: Your Administrative Tort Claim, No. T-WXR-99-88

to: Manuel Martinez Ramos - Reg. No. 37563-053  
 USP Florence

Your Administrative Tort Claim No. T-WXR-99-88, dated March 15, 1999, and properly received in this office on March 22, 1999, has been considered for settlement as provided by the Federal Tort Claims Act, 28 U.S.C. § 2672, under authority delegated to me by 28 C.F.R. § 543.30. You seek compensatory damages in the amount of \$5,000,000.00 for an alleged personal injury. Specifically, you claim that staff at the Federal Correctional Institution (FCI) Allenwood, Pennsylvania, fractured your right hand on March 25, 1997. You further claim staff failed to provide adequate treatment for your right hand and delayed needed surgery until January 1999.

Your Administrative Tort Claim was answered on September 17, 1999 and was forwarded to the United States Penitentiary (USP) Lompoc. It was returned to this office since you were transferred to the United States Penitentiary (USP) Florence. In response to your Administrative Tort Claim, after careful review of this claim, I decided not to offer a settlement. Our investigation revealed no evidence that staff fractured your hand on March 25, 1997. Instead, records indicate that on March 26, 1997, you assaulted another inmate by striking him in the face several times with your fist. Afterward, you were placed in the Special Housing Unit and examined by medical staff. You made no complaints of an injury to your right hand, nor was any right hand injury found during the examination. Although you were seen by medical staff on many occasions after March 26, 1997, (including an examination for a unrelated left hand injury), you did not complain about your right hand until August 1, 1997. Records indicate you received care for this injury, including surgery in January 1999. There is no evidence of negligence on the part of staff.

Accordingly, your claim is denied. If you are dissatisfied with this decision you may bring an action against the United States in an appropriate United States District Court within six (6) months of the date of this memorandum.

cc: Michael A. Zenk, Warden, FCI Allenwood  
 File

JUL 11 2000

NANCY MAYER WHITTINGTON, CLERK



COPY

NSN 7540-00-634-4182

PATIENT IDENTIFICATION (For typed or written entries only)  
Name - last, first, middle, Medical Facility

RAMOS MANUEL

AGE SEX SSN (Sponsor)

30 M

WARD CLINIC

REGISTER N

3756

EXAMINATION REQUESTED (Use SF 519-B for multiple exams)

Right Hand X-ray

REQUESTED BY

M.D. [Signature]

TELEPHONE

LOCATION OF MEDICAL RECORDS

USP LEWIS BURG

FILM NO.

12-43

DATE REQUESTED

12-4-97

PREGNANT

☐ YES

SPECIFIC REASON(S) FOR REQUEST (Complaints and findings)

Ligament at elbow & contain a bone prominence of the  
physic pholop of that, right.

DATE OF EXAMINATION (Month, day, year)

12-12-97

DATE OF REPORT (Month, day, year)

12/14/97

DATE OF TRANSCRIPTION (Month, day, year)

12/14/97

RADIOLOGIC REPORT

RIGHT HAND:

Questionable small avulsion fracture is seen at the distal first metacarpal. Minimal deformity is seen at the ulnar styloid process probably related to old injury. The rest of the hand is otherwise unremarkable.

IMPRESSION: Questionable small avulsion fracture at the distal first metacarpal.

JAE SHIM, MD

SIGNATURE

Antonio Buendia, M.D./dh

LOCATION OF RADIOLOGIC FACILITY

1 - MEDICAL RECORD

RADIOLOGIC CONSULTATION REQUEST/REPORT

\*U.S.G.P.O.: 1964-384-853

STANDARD FORM 519-A  
Prescribed by GSA/ICMR  
FIRM (41 CFR) 201-45-505

IMPRESSION:

Normal chest.

SIGNATURE

1 - MEDICAL RECORD

RADIOLOGIC CONSULTATION REQUEST/REPORT

\*U.S. GOVERNMENT PRINTING OFFICE: 1990-273-272

LOCATION OF RADIOLOGIC FACILITY

mcc-ny

d&amp;t: 10-28-96

SIGNATURE

1 - MEDICAL RECORD

RADIOLOGIC CONSULTATION REQUEST/REPORT

\*U.S. GOVERNMENT PRINTING OFFICE: 1993-361-197

STANDARD FORM 519-A (RE)  
Prescribed by GSA/ICMR  
FIRM (41 CFR) 201-45-505



U.S. Department of Justice

Federal Bureau of Prisons

U.S. Penitentiary

3901 Klein Blvd.  
Lompoc, CA 93436  
July 20, 1999

Mauricio Suarez  
Consul General of Columbia  
Consulate of Columbia  
10 East 46th Street  
New York, New York 10017

AC  
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07-30-1999 043024

RE: Manuel Ramos  
Reg. No. 37563-053

Dear Mr. Suarez:

This is in response to your fax dated July 6, 1999, regarding your constituent, Manuel Ramos, who is currently incarcerated at the United States Penitentiary (USP), Lompoc, California. Specifically, you request information concerning Mr. Ramos' hand condition and the recommended treatment.

The Clinical Director has reviewed this case relative to your concerns and the following information was ascertained. Mr. Ramos initially injured his right thumb on March 26, 1997, at the Federal Correctional Institution, Allenwood, Pennsylvania. He was evaluated at USP Lewisburg, Pennsylvania on March 2, 1998, by the consultant Orthopedist. Mr. Ramos had corrective surgery on January 7, 1999, with resultant numbness of the left thumb, but with good function. Mr. Ramos arrived at Lompoc on February 24, 1999. He was evaluated by the physician and placed on the consultant Orthopedist's list for follow-up. He was evaluated by the Orthopedist on March 9, 1999, with recommendations to start range of motion/strengthening exercises, re-xray of the right thumb, and return in six weeks for additional follow-up. His follow-up appointment was on May 19, 1999. The Orthopedist recommended Carpal Tunnel Repair with Exploration of the right median nerve entrapment. The Clinical Director has deemed this to be Level 3 care, "Medically Acceptable but not Medically Necessary". Mr. Ramos is receiving appropriate treatment and follow-up for his condition.

I trust this information is responsive to your inquiry.

Sincerely,

Mike Adams  
Warden

FILED

JUL 11 2000

NANCY MAYER WHITTINGTON, CLERK  
U.S. DISTRICT COURT

Copied & mailed  
7-22-99  
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